



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: PARKVIEW DEKALB HOSPITAL

City of Hospital: Auburn

Year Begin: 01/01/2021 (mm/dd/yyyy format)

Year End: 12/31/2021 (mm/dd/yyyy format)

Person Completing the Report: Kemuel Prince

Email Address: kemuel.prince@parkview.com

Medicare Provider Number: 150045

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$37872885
Outpatient Patient Service Revenue	\$134892655
Total Gross Patient Service Revenue	\$172765540

2. Deductions From Revenue

Contractual Allowance	\$110990438
Other Deductions	\$0
Total Deductions	\$110990438

3. Total Operating Revenue

Net Patient Service Revenue	\$61775102
Other Operating Revenue	\$10504471
Total Operating Revenue	\$72279573

4. Operating Expenses

Salaries and Wages	\$17485979	Employee Benefits	\$5709565
Depreciation and Amortization	\$2402430	Interest Expense	\$30075
Bad Debt	\$10498147	Other Expenses	\$25320820
Total Operating Expenses	\$61447016		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$334408	Total Assets	\$65717456
Net Non-operating Gains over Loss	\$2422139	Total Liabilities	\$15658193
Total Net Gains	\$2756547		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$81926354	\$64855331	\$17071023
Medicaid	\$10814013	\$9635217	\$1178796
Other Government	\$0	\$0	\$0
Other State	\$15175599	\$9975962	\$5199637
Other Payers	\$64849574	\$26523928	\$38325646
Total	\$172765540	\$110990438	\$61775102

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$50392	\$-50392

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	14
Number of Hospital Patients Educated	75876
Number of Citizens Exposed to Health Education Messages	27342

Statement Six: Charity Statement

Hospital Charity Charges \$3249774

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$850045	
HCI Payments	\$0		
Subtotal	\$0	\$850045	\$-850045
Medicaid Shortfalls	\$6341612	\$10059643	
Subtotal	\$6341612	\$10909688	\$-4568076
DSH Payments	\$0		

Subtotal	\$6341612	\$10909688	\$-4568076
Medicare Shortfalls	\$17071023	\$21429518	
Other Government Programs	\$0	\$0	
Total	\$23412635	\$32339206	\$-8926571

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$52833	\$-52833
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$50800	\$-50800

Comments

The hospital patients educated counts all patients even if the same person has more than one visit during the year. The citizens exposed counts each individual only once.

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